

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 11, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004082**

1. Entity Name  
**REID MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.**

<b>Principal Place of Business</b> C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE 32207 US	<b>Mailing Address</b> C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE 32207 US
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<b>2. Principal Place of Business</b> C/O HARVEY GRANGER	<b>3. Mailing Address</b> C/O HARVEY GRANGER
Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902	Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3217319</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> HARVEY GRANGER C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US	<b>7. Name and Address of New Registered Agent</b> Name GRANGER HARVEY Street Address (P.O. Box Number is Not Acceptable) 1325 SAN MARCO BLVD. SUITE 902 City JACKSONVILLE FL Zip Code 32207
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE HARVEY GRANGER DATE 04/11/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST JACKSON REBECCA B 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERRY KENNETH C 1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON REBECCA B 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRETT DONALD O 1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRETT DONALD O 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON CAROL C 1301 RIVERPLACE BLVD., STE 1700 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON CAROL C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA B. JACKSON S DATE: 04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)